

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		6755	1-11-01
O.I.P.E. CLASSIFIER		1801	1-11-01
FORMALITY REVIEW		6965	1-11-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	1/11/01
2	1/11/01
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50	1/11/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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